

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Brown et al.	Art Unit: 2836
Application No: 10/816,152	Examiner: Thomas, Lucy M.
Confirmation No: 9014	Attorney Docket No: 008325 USA/AGS/SPARES/DP
Filed: March 31, 2004	October 8, 2009
Title: DETACHABLE ELECTROSTATIC CHUCK	San Francisco, CA 94107

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450	<b>Extension of Time</b>	
	<input type="checkbox"/> Applicant requests an extension of time under 37 C.F.R. 1.136	
<b>Via EFS</b>	Extension (Months)	Extension Fee
		Large Entity      Small Entity
<input type="checkbox"/> Response to Non-Final Office Action	<input type="checkbox"/> One Month	\$130.00      \$65.00
<input type="checkbox"/> Declaration	<input type="checkbox"/> Two Months	\$490.00      \$245.00
<input type="checkbox"/> Drawing	<input type="checkbox"/> Three Months	\$1,110.00      \$555.00
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement	<b>Total \$ 0.00</b>	
<input checked="" type="checkbox"/> PTO-SB/08 Form(s)	<input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.	
<input checked="" type="checkbox"/> Citations		
<input type="checkbox"/> Terminal Disclaimer (PTO Form SB/26)		
<input type="checkbox"/> (2) Postcards for Return		

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	21	21	0	\$52.00	\$26.00	\$0.00
Independent Claims	4	4	0	\$220.00	\$110.00	\$0.00
Multiple Dependent Claims			0	\$390.00	\$195.00	\$0.00
Supplemental Information Disclosure Statement						\$180.00
<b>Total</b>						<b>\$180.00</b>

<b>Fee Payment</b>		<b>Fee Deficiency</b>	
Extension Fee	\$0.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> .	
Fee under § 1.17(p)	\$180.00	and/or	
Total	\$180.00	<input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .	
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>50-1074</u> in the sum of \$180.00		Please direct telephone calls to: Ashok K. Janah at (415) 538-1555 Please continue to send correspondence to: Janah & Associates, P.C. 650 Delancey Street, Suite 106 San Francisco, CA 94107	
<b>CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a)</b>  I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to the U.S. Patent Office at (571) 273-8300, or electronically submitted via EFS on the date shown below:  By: <u>Melanie Hitchcock</u> Date: <u>October 8, 2009</u> Melanie Hitchcock		Respectfully Submitted,  By: <u>Robert W. Mulcahy</u> Date: <u>October 8, 2009</u> Robert W. Mulcahy Registration No. 25,436	